



DELTA COUNTY

CODE COMPLIANCE

COMPLAINT FORM

Please return this form to the Delta County Planning Department

REPORTING PARTY (Required)

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ E-MAIL: _____

VIOLATION INFORMATION

PROPERTY OWNER (If known): _____

DETAILED DESCRIPTION: Describe the nature of your complaint. Please print clearly. If you require more space, you may attach additional sheets as needed.

ACKNOWLEDGEMENT AND AUTHORIZATION

I understand that any and all written correspondence and supporting documentation submitted with this complaint is part of the public record and subject to the Colorado Open Records Act (CORA). Complainant certifies that the information provided herein is true and correct of Complainant's own knowledge.

Complainant Signature: _____ Date: _____

(OFFICE USE ONLY)

Date Received: _____ Received by: _____ Department: _____